



## HEARING AID DISPENSERS BUREAU

P.O. Box 980490, W. Sacramento, CA 95798-0490  
 Telephone: (916) 574-7990 Fax: (916) 574-8645



### APPLICATION TO SUPERVISE A TRAINEE

#### Instructions

**License Applicant:** Give this form to the hearing aid dispenser who has agreed to be your supervisor while you are a trainee. The completed form should be mailed to the address above with your Trainee License Application Addendum.

**Supervisor:** You must have possessed your California hearing aid dispensers license at least three (3) years from the date of this application to be eligible to supervise a trainee. This form must be fully completed. Partial forms cannot be processed and will be returned. Once you have completed the form, return it to the applicant so that it may be forwarded to the office with the Addendum.

Type or Print

Trainee-Applicant's Name:

\_\_\_\_\_

#### A. Supervisor Data

1. Supervisor's Name:	Last	First	Middle
HAD License Number	Date Issued:	Date Expires:	
2. Home Address:	Number and Street	City	State Zip Code

#### B. Business Data.

3. Name of business:	
4. Business Address:	Number and Street City State Zip Code
5. Telephone Number: ( )	6. Established Business Hours:
7. List all branch offices with their addresses and established business hours:	
8. Name and address of supervisory facility:	
9. Name any other temporary trainees you currently have under supervision or are applying to supervise:	
<p><b><i>Title 16, Section 1399.115 of the California Code of Regulations states that you may not supervise a trainee unless you have possessed a valid California hearing aid dispenser license for at least 3 years. You may not supervise more than one trainee unless you are granted a specific waiver. Accordingly, if you already have a trainee under your supervision, you must complete the waiver request included with this application.</i></b></p>	

## C. Certification

Please read the following statements carefully, and initial each one. They identify your responsibilities as a supervisor and indicate that your right to train a temporary licensee may be jeopardized if your supervision and monitoring are inadequate or in violation of existing law.

*I, the undersigned supervisor, understand and agree to comply with the following requirements:*

Supervisor's  
Initials

- \_\_\_\_\_ • *I have possessed my California license for more than three (3) years;*
- \_\_\_\_\_ • *I will review and countersign each fitting and/or sale made by the trainee;*
- \_\_\_\_\_ • *I will reevaluate the fitting and selling techniques of this trainee at least weekly;*
- \_\_\_\_\_ • *I will be readily available to the trainee to give advice and instructions in the fitting and selling of hearing aids;*
- \_\_\_\_\_ • *I will instruct this trainee in the law respective to hearing aid dispensers (Chapter 7.5, Division 2 of the Business & Professions Code);*
- \_\_\_\_\_ • *I will train with instruments which are adequate and reliable;*
- \_\_\_\_\_ • *I will be present in the same work space as the trainee at least 20% of the trainee's work week; **OR** the trainee has failed the license examination; therefore, I will be present in the same work space and physically present at all fittings and sales 100% of the time the trainee is providing services;*
- \_\_\_\_\_ • *I will assure the trainee is not misrepresented as a hearing aid dispenser, or a specialist, or a consultant, or any other such term but will present himself or herself as a hearing aid dispenser trainee;*
- \_\_\_\_\_ • *Furthermore, I understand that if I neglect to meet any of these specifications for supervision and training, I may lose the right to supervise additional trainees.*

*I certify under penalty of perjury under the laws of the State of California that I have read and understand the above requirements, and that I shall be responsible until the trainee receives permanent licensure, or until I have given written notice to the office terminating my supervision, in which event, I shall return the applicant's temporary license to the Hearing Aid Dispensers Bureau*

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

## D. Request for Supervision Waiver

Please complete this waiver request if will place more than one trainee under your supervision. This information will enable the Hearing Aid Dispensers Program to determine whether you are eligible to supervise another trainee.

- |    |   |     |                          |    |
|----|---|-----|--------------------------|----|
| 1. | Have you been the subject of successful disciplinary action by the Hearing Aid Dispenser Program within the last three years?                                 | Yes | <input type="checkbox"/> | No |
| 2. | Have you been the subject of a complaint investigated and verified by the Hearing Aid Dispensers Program within the last three years?                         | Yes | <input type="checkbox"/> | No |
| 3. | Have you been found by this office to have been in violation of any of the regulations pertaining to the supervision of trainees within the last three years? | Yes | <input type="checkbox"/> | No |
| 4. | Do you currently have three trainees under your supervision?  | Yes | <input type="checkbox"/> | No |

If you answered "Yes" to any of the above, a waiver may not be granted and you may not supervise another trainee at this time.

*I, the undersigned, certify under penalty of perjury under the laws of the State of California, that the information I have given on this waiver request is true and correct.*

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Signature of Supervisor

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Date

### Information Collection and Access

*The information in this application is mandatory and is maintained in accordance with Business & Professions Code, Title 16, Division 2, Chapter 7.5, Section 3500 et seq. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for temporary-trainee license supervision pursuant to Section 3357 of the Business & Professions Code. Each individual has the right to review his or her file maintained by the agency subject to the Information Practices Act except for those records that are exempt from disclosure.*